EXHIBIT A-2

Statement of Work Template

Original 🖂 Amended

STATEMENT OF WORK FOR IT CONTINGENT WORKERS **BETWEEN** STATE OF MISSISSIPPI, Department of Employment Security AND GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

7/7/2020

Mohammed Jalaluddin State of MS, Department of Employment Security 1235 Echlon Parkway Jackson, MS 39213

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

Knowledge Services Posting Number:

IT Contingent Worker Name: Sidney O'Brien

Vendor Name: Cambay

Position Title: Network Administrator

Regular Hourly Bill Rate: \$86.11 **OT Hourly Bill Rate** (if applicable): \$86.11

Original Number of Hours to be worked: 1320

Amendment 1: Number of hours to be worked: Click or tap here to enter text. Amendment 2: Number of hours to be worked: Click or tap here to enter text. Amendment 3: Number of hours to be worked: Click or tap here to enter text.

113,665.20 Original Total Cost of SOW: (Not to exceed)

Amendment 1: Total Cost of SOW: (Not to exceed) Click or tap here to enter text. Amendment 2: Total Cost of SOW: (Not to exceed) Click or tap here to enter text. **Amendment 3: Total Cost of SOW:** (Not to exceed) Click or tap here to enter text.

8/3/2020 **Start Date of Service:**

Original End Date of Service: 2/26/2021

Amendment 1: End Date of Service: Click or tap to enter a date. **Amendment 2: End Date of Service:** Click or tap to enter a date. **Amendment 3: End Date of Service:** Click or tap to enter a date.

1235 Echlon Parkway Work Location: Jackson, MS 39213

Revised 07/10/2019 1 STATE OF MS IT STAFF AUG For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

Mississippi Department of Department of	GuideSoft Inc., d/b/a Knowledge Services
Employment Security Docusigned by:	
Click or tap here to enter text.	Doreen DeLancy
Authorized Signature	Authorized Signature
Mohammed Jalaluddin	
Printed Name CIO	Printed Name
Click or tap here to enter text.	Program Manager
Title 7/10/2020	Title
Click or tap to enter a date.	7/7/2020
Date	Date



Certificate Of Completion

Envelope Id: 4E40C3F8132C408BBD4570F999708ED9

Subject: SOW MDES Network Admin

Source Envelope: AF0B3D43B3DC453B8CA34E67CAECBC27

Document Pages: 2 Signatures: 0 Envelope Originator: Initials: 0 Certificate Pages: 1 MDES DocuSign Support AutoNav: Enabled 1235 Echelon Parkway Jackson, MS 39213

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada) MDESDocuSignSupport@mdes.ms.gov

IP Address: 69.60.37.160

Sent: 7/22/2020 11:54:50 AM

Timestamp

Viewed: 7/22/2020 12:12:03 PM

Status: Completed

Record Tracking

Status: Original Holder: MDES DocuSign Support Location: DocuSign

7/22/2020 11:53:39 AM MDESDocuSignSupport@mdes.ms.gov

Signer Events Signature **Timestamp**

In Person Signer Events Signature Timestamp

Editor Delivery Events Status **Timestamp**

Agent Delivery Events Status Timestamp

Intermediary Delivery Events Status **Timestamp**

Certified Delivery Events Status Timestamp

Carbon Copy Events Status **Timestamp**

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Doreen Delancy

Witness Events

doreend@knowledgeservices.com

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signature

Notary Events Signature Timestamp

Envelope Summary Events Status Timestamps

Envelope Sent Hashed/Encrypted 7/22/2020 11:54:50 AM Certified Delivered Security Checked 7/22/2020 11:54:50 AM Signing Complete Security Checked 7/22/2020 11:54:50 AM Completed Security Checked 7/22/2020 11:54:50 AM

Payment Events Status Timestamps